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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Date 08/14/2006

Under the Paper	work Reduction Act of	1995 no persor	ns are required to i	espond to a collection	on of inform	nation unless	a it diapla	ys a valid OMB control number
<u> </u>	Complete if Known							
Fees pursuant to	Application Nu	10/750,60	750,607					
FEE	Filing Date	12/29/200)3					
	First Named Inventor Song		Song	ong				
C Applicant of	Examiner Nam	Sugent, J	gent, James					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2116				
TOTAL AMOUNT OF PAYMENT		(\$) 120.00		Attorney Docket No.		TI-35767		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify);								
Deposit Account Deposit Account Number: 20-0668 Deposit Account Name: Texas Instruments Inc.								
For the above-identified deposit account, the Director is hereby authorized (o: (check all that apply)								
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
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Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILI	NG FEES Small Enti	SEA	RCH FEES	EXAM	INATION		
Application	Type Fee	\$) Fee (\$)	Fee (Small Entity Fee (\$)	Fee	Small (\$) Fee		Fees Pald (\$)
Utility	300	150	500	250	200	100	0	
Design	200	100	100	50	130	6:	5	
Plant	200	100	300	150	160	80)	
Reissue	300	150	500	250	600	300	0	
Provisional	200	100	0	0	0	. ()	
2. EXCESS CLAIM FEES Small Entity Fee (58) Fee Describtion Fee (58) Each claim over 20 (including Reissues) 50 25 Each independent claims over 3 (including Reissues) 200 100 Multiple dependent claims 360 180								
Total Claims		Claims F	ee (\$) Fe	Paid (\$)			Multiple Dependent Claims	
- 20 or HP = X = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.								Fee Paid (\$)
Indep. Claims Extra Claims Fee (\$)				Fee Paid (\$)				
-3 or HP = =								
HP ≈ highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification. \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): One Month Extension 120.00								
UBMITTED BY								
ignature	/Douglas M. Hami	lton/		Registration No.	47629	·	Telepho	one 720-266-4728
·g	, cougias m. nailii			(Attorney/Agent)	4/029			120-200-4720

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Name (Print/Type) Douglas M. Hamilton

Signature